

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830 446

FILING DATE

APPLICANT(S)

CLAIMS

ITEM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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42						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

SERIAL NO.	09/830 446	FILING DATE
APPLICANT(S)		
ITEM	1	2
IND.	1	1
DEP.	1	1
ITEM	3	4
IND.	1	1
DEP.	1	1
ITEM	5	6
IND.	1	1
DEP.	1	1
ITEM	7	8
IND.	1	1
DEP.	1	1
ITEM	9	10
IND.	1	1
DEP.	1	1
ITEM	11	12
IND.	1	1
DEP.	1	1
ITEM	13	14
IND.	1	1
DEP.	1	1
ITEM	15	16
IND.	1	1
DEP.	1	1
ITEM	17	18
IND.	1	1
DEP.	1	1
ITEM	19	20
IND.	1	1
DEP.	1	1
ITEM	21	22
IND.	1	1
DEP.	1	1
ITEM	23	24
IND.	1	1
DEP.	1	1
ITEM	25	26
IND.	1	1
DEP.	1	1
ITEM	27	28
IND.	1	1
DEP.	1	1
ITEM	29	30
IND.	1	1
DEP.	1	1
ITEM	31	32
IND.	1	1
DEP.	1	1
ITEM	33	34
IND.	1	1
DEP.	1	1
ITEM	35	36
IND.	1	1
DEP.	1	1
ITEM	37	38
IND.	1	1
DEP.	1	1
ITEM	39	40
IND.	1	1
DEP.	1	1
ITEM	41	42
IND.	1	1
DEP.	1	1
ITEM	43	44
IND.	1	1
DEP.	1	1
ITEM	45	46
IND.	1	1
DEP.	1	1
ITEM	47	48
IND.	1	1
DEP.	1	1
ITEM	49	50
IND.	1	1
DEP.	1	1
TOTAL IND.	8	8
TOTAL DEP.	30	30
TOTAL CLAIMS	39	39

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